

Entry Blank—Please Type or Print

Phg Rm

☐ Ms./Artist

☒ Mr./Artist

CARL GOMBERT

(last name last)

Permanent

Address

1032 W. MARKET ST #6 AKRON

Street

City

44313

Zip

Daytime Tel. (216)

area

867-0596

Temporary or

Studio Address

SAME

Street

City

Daytime Tel. ()

Zip

area

If you do not presently live in one of the counties of the Western Reserve, in which county were you born?

Collaborator (if any)

If May Show entries are not accepted or are not sold:

☒ Artist will pick up at Museum.

☐ Museum should dispose of.

☐ Museum should ship to artist at artist's expense:

Street

City

State

Zip

Special Instructions

Entry Blank must be completed in full and signed; forms received unsigned will not be accepted.

When necessary, include instructions or a drawing for assembling and displaying an object.

Note carefully the dates for both delivery and return of objects. It is understood that the Museum shall dispose for its own account any objects not picked up by the dates given herein. It is also understood that accepted objects will remain on exhibition until August 6, 1989.

The submission of objects will be construed as an acceptance by the artist of all terms and conditions printed herein.

Signature

Carl Gombert

I have received the unsold/unaccepted object(s) in good condition.

Signature

Carl Gombert

Late after.

Entry Blanks

A

☒ Paintings
☐ Sculpture

☒ Graphics
☐ Crafts

☐ Photography
(specify category)

Materials used (media):

PASTELS

Title

LATE AFTERNOON

Price or NFS

2,000.00

Insurance Value
if NFS Only

Size

48 x 96

height x width x depth

GRAPHICS AND PHOTOGRAPHY ONLY

Additional No.
For Sale

Total No. in
Edition

Price of Print
Unframed

Price of
Frame Only

ACCEPTED

X

DO NOT WRITE IN THIS SECTION

(2) - 37

1 68a apv

ACCEPTED

NOT ACCEPTED

NOT ACCEPTED

X

B

☒ Paintings
☐ Sculpture

☒ Graphics
☐ Crafts

☐ Photography
(specify category)

Materials used (media):

PASTELS

Title

EARLY EVENING

Price or NFS

2,000.00

Insurance Value
if NFS Only

Size

48 x 96

height x width x depth

GRAPHICS AND PHOTOGRAPHY ONLY

Additional No.
For Sale

Total No. in
Edition

Price of Print
Unframed

Price of
Frame Only

ACCEPTED

X

DO NOT WRITE
IN THIS SECTION

(2) - 38

4 69a apv

ACCEPTED

X

REC'D

NOT ACCEPTED

NOT ACCEPTED

DATE

1989 MAY SHOW

The Cleveland Museum of Art
Cleveland, Ohio 44106

CARL GOMBERT

Name

1032 W. MARKET ST #6

Address

AKRON OHIO

44313

City & State

Zip

Notification #2

**Do Not
Detach**

A

☒ Paintings

☐ Sculpture

☒ Graphics

☐ Crafts

☐ Photography

Title

LATE AFTERNOON

DO NOT WRITE IN THIS SECTION	ACCEPTED	NOT ACCEPTED
(2)-37		X

B

☒ Paintings

☐ Sculpture

☒ Graphics

☐ Crafts

☐ Photography

Title

EARLY EVENING

DO NOT WRITE IN THIS SECTION	ACCEPTED	NOT ACCEPTED
(2)-38	X	

Return of Objects

Not Accepted: June 20-24

Accepted: August 15-19

It is understood that the Museum shall have the right to dispose for its own account any object not called for by the dates listed.

THIS IS YOUR ONLY RECEIPT TO CLAIM YOUR OBJECT

Do Not Detach